

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO **JA340766**

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

| OFFICER INFORMATION | | INCIDENT INFORMATION | |
|--|-----------------------------------|--|--|
| NAME (LAST - FIRST - M.I.) LOPEZ, LUIS | | <input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR ADDRESS OF OCCURRENCE 2739 N LECLAIRE AVE | |
| STAR NO. 17819 | POSITION POLICE OFFICER | CITY <input checked="" type="checkbox"/> CHICAGO | STATE (If outside Chicago) |
| DATE OF APPOINTMENT 03-JAN-1995 | EMPLOYEE NO. [REDACTED] | LOCATION CODE 303-SIDEWALK BEAT OF OCCURRENCE 2521 | |
| UNIT OF ASSIGNMENT 025 | BEAT/CALL NO. 2512 | DATE OF OCCURRENCE 09-JUL-2017 | TIME 11:24:00 DAY OF WEEK SUNDAY |
| SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F | RACE HISPANIC | NO. OF OFFICERS BATTERED <u>2</u> | |
| HEIGHT 504 | WEIGHT 155 | WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO | |
| IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <u>4</u> | | | |
| TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED | | | |
| <input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ | | WORKING: <input checked="" type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____ | |
| <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER | | MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input checked="" type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS) | |
| TYPE OF ACTIVITY | | | |
| <input type="checkbox"/> A. AMBUSH -NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input checked="" type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ | | (Check all that apply): <input checked="" type="checkbox"/> A. FIREARM CALIBER 380 ACP <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____ | |
| <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ | | TYPE OF WEAPON/THREAT <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT FIREARM USE INFORMATION (Check all that apply): <input checked="" type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON | |
| OFFENDER INFORMATION | | | |
| SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F | | RACE WHITE HISPANIC DOB 17-APR-1993 | |
| CB NO. _____ | | IR NO. _____ | |
| <input type="checkbox"/> K. OTHER | | WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN | |
| TYPE OF INJURY TO OFFICER | | GANG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN | |
| <input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE | | NO. OF OFFENDERS PRESENT? <u>1</u> | |
| LIGHTING CONDITIONS AT INCIDENT | | WEATHER CONDITIONS | |
| <input checked="" type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input checked="" type="checkbox"/> F. LOG# <u>10915876</u> <input type="checkbox"/> 2. GOOD | | <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND | |
| APPROXIMATE OUTDOOR TEMPERATURE: <u>80 °F</u> | | | |

The offender exited the residence, pointed then discharged a firearm in R/os direction. R/o was unable to return fire due to civilians and other officers being in close proximity to the offender.

REPORTING MEMBER - SIGNATURE
LOPEZ, LUIS

STAR NO.
17819

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
WILLIAMS, TERENCE V

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